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WOODWARD REFORMS HEALTH SERVICE STRUCTURE TO PUT PATIENTS FIRST

Health Minister Shaun Woodward today announced the biggest ever reform to health and social services in Northern Ireland.

In pledging to put patients first, Shaun Woodward unveiled radical plans to strip bureaucracy and waste in the health service and redirect millions of pounds into front line services. Core structures will move from 47 organisations to 18. The plans include:

- a considerably smaller Government Department
- a Strategic Health and Social Services Authority to replace the four Boards and take on some functions currently with the Department
- eighteen Trusts reduced to five by April 2007 (the Ambulance Service remains as a separate Trust)
- seven local commissioning bodies, demand led by patients and driven by GPs and primary care professionals, taking on some roles from the four Boards and some roles from the 15 Local Health and Social Care Groups, which will be abolished.
- one Patient and Client Council replacing the existing four Health and Social Services Councils.

Shaun Woodward said: **“If there is a continuing theme to everything I am trying to achieve in health and social services, it is to ensure we put**

patients first. I have elsewhere signalled my concerns that the current organisation of health and social services is too cumbersome, too bureaucratic, and inefficient. The case for reform is very strong. Faster and better treatment. Efficiency in the service. Greater patient safety. Removing inequality.

“Why do we need 19 Trusts? Why four Boards? Well the total management cost of running existing bodies, including Boards and Trusts, is £155 million every year. If I could take just one million out of that, I could put every MS patient-now on a waiting list for drugs-off that list.

“So my proposals today are designed to ensure that the patient comes first. The patient will drive demand in the system. Fundamentally I want to see GPs, nurses and other primary care professionals commission services on the patients’ behalf, from those delivering the services. Demand led by patients. Driven by GPs and primary care professionals.

“I envisage a health system where commissioning of services is structured by a partnership between a single Strategic Health and Social Services Authority and doctors and other primary care professionals, organised into seven Local Commissioning Groups. And these Commissioning Groups should map against the proposed areas of the seven district Councils announced in today’s RPA statement.

“Eighteen of the Trusts will be replaced by five with the Ambulance Service continuing as a separate Trust. The new Trusts will be established to promote links between hospitals and community based services. Larger Trusts will promote integration within and across Trusts. Integration across professional groupings. Integration across geographical areas. Integration between the health and social services.

“For example, we need to make sure that people who suffer from a long term mental condition receive a joined up service in which their social

worker, GP pharmacist and community psychiatric nurse, can work effectively together to manage their illness.

“An effective system must ensure that the voice of the patient can be heard. The four Health and Social Services Councils will be replaced by a powerful single healthcare user’s body. A Patient and Client Council (PCC).

“In this re-organisation I want to drive down on the bureaucracy, which too easily can end up watching over the shoulders of everyone doing the work. The system must be efficient but we should trust the doctors and health staff who we employ to look after patients.

“Therefore I envisage a considerably smaller Government Department. To develop policy. And rightly set targets. And critically to lead the drive for better performance and efficiency. Under the Permanent Secretary I will from January 1 2006 establish a Reconfiguration Programme Board. It will first establish in principle and then recruit to the new Strategic Authority a Project Board.

“We should also guard against the presumption that all our main bodies should have to be in Belfast. Does the new Strategic Authority have to be in the centre of Belfast? Why not say in Portadown or Antrim? Or why couldn’t the headquarters of the new PCC be located, for instance, in Omagh or Derry?

“No matter where the new bodies will be located, my objective will remain the same-putting patients first.”

NOTES TO EDITORS:

1. Shaun Woodward today made his announcement to an audience representative of the Health and Social Services in Northern Ireland at the Royal Victoria Hospital Belfast.
2. The new geographical coverage of the Five Health and Social Services Trusts are:
 - The Western Area – covering Sperrin Lakeland, Foyle, and Altnagelvin HSS Trusts;
 - The Northern Area – covering Homefirst Community, Causeway and United Hospitals HSS Trusts;
 - The Southern Area – covering Craigavon Area Hospital Group, Craigavon and Banbridge Community, Newry and Mourne and Armagh and Dungannon;
 - The Belfast Area – which will amalgamate the Belfast City Hospital, Royal Group of Hospitals, Mater Infirmorum and Greenpark Trusts, and North and West Belfast Trust, part of South and East Belfast Trust and part of Down Lisburn HSS Trust;
 - The South Eastern Area – covering the Ulster Community and Hospitals Trust, part of South and East Belfast Trust and part of Down Lisburn Trust.

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